

MUTUAL FUND LIQUIDATION REQUEST

DATE: _____

TO: _____

RE: Account Number _____
Mutual Fund Name _____
Client's Name _____

Dear Representative:

I request that all funds available or \$_____ or _____% of the funds be liquidated and forwarded to the following address as soon as possible:

There is to be _____% withheld for federal taxes from this liquidation and I will net the difference.

If there are any questions with this request, please contact Pyramid Funds Corporation, my broker/dealer, at 518-459-1671. Thank you.

By x _____
Owner's Signature

x _____
Joint Owner's Signature

SIGNATURE GUARANTEE

SIGNATURE GUARANTEE